

ALR:

SV DATE:

EMPLOYEE FILE REVIEW:

Name: _____ DOH: _____ Position: _____

SECTION A:

Date of completed CORI check: _____

Documentation of Personal Care Services Provider Training:

CNA License: _____ HHA: _____ Personal Care Training (54 hours): _____
Date Date Date

Current Signed & Dated Job Description in file? Yes No; Date signed: _____

PCA SAMM and Skills Evaluations (for Personal Care staff only):

	20__		20__		20__ (current year if applicable)	
	Date	Date	Date	Date	Date	Date
PCA SKILLS evaluation						
SAMM Skills evaluations						

SECTION B: ORIENTATION TRAINING

Complete only if the employee was hired within the past 24 months.

1. General Orientation: Date(s): _____ Total Hours: _____ # of hours facilitated: _____
2. Special Care Orientation: Date(s): _____
3. 1 hr SAMM orientation: (Personal Care Staff only): Date: _____
4. 2 hours additional Dementia Care topics: (Manager & Service Coordinator only): Date: _____

ALR Representative providing the requested Information:

Print Name _____ Position _____ Date _____